

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27608

State File No. \_\_\_\_\_

SEP 12 1941

Registration District No. 319

Primary Registration District No. 1602

Registrar's No. 3286

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3418 Wabash Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 Year - 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3418 Wabash  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Maggie Bobbitt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 31, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John R. Brutchfield

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Brutchfield

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry Felix Bobbitt (Son)

(b) Address 5058 Oregon - Detroit - Mich

17. (a) Removal (b) Date thereof Aug 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Winston, Mo

18. (a) Signature of funeral director Mrs Kate Stroup

(b) Address Winston, Mo

19. (a) 8/31/41 (Date of local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug 26, 1941 to Aug 31, 1941  
that I last saw him alive on 8-26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to 83B

Other conditions PT. Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Harry Felix (M. D. or other) D

Address Kansas City, Mo Date signed 8/31/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**